DEPARTMENT OF THE ARMY
AREA II SUPPORT ACTIVITY
UNIT #15333
APO AP 96205-5333

REPLY TO
ATTENTION OF:

IMKO-AB-SO

30 September 2005

COMMAND POLICY #10-9

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Area II Support Activity Bloodborne Pathogens Policy

1. References.

a. Title 29 CFR Part 1910, Occupational Exposure to Bloodborne Pathogens

b. AR 385-10, The Army Safety Program

c. TB 385-4, Safety Procedures for Maintenance of Electrical/Electronics Equipment

d. DA Pam 350-41, Training in Units

2. Purpose. To standardize procedures as required by the Occupational Safety & Health Administration (OSHA) for the management of personnel identified, for and enrolled in the Bloodborne Pathogen Program. Additionally this policy provides guidance and procedures to minimize and prevent, when possible, occupational exposure to Bloodborne Pathogens, as well as action to be taken if potential or actual exposures occur within Area II.

3. Scope. The following procedures are applicable to all units and individuals assigned to Area II have or involve occupational exposure to Bloodborne Pathogens. In particular, personnel whose required duties include routine or reasonably anticipated tasks, procedures, or processes where there is anticipated or actual occupational exposure to blood or potentially infectious materials will comply with this policy.

4. Background.

a. Per reference 1a, the Occupational Safety and Health Administration established the standard for protecting employees from occupational exposure to Bloodborne Pathogens. Army policy is to extend this same protection to their personnel.

b. Bloodborne Pathogens are defined as: Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV). They may be transmitted to persons whose skin, eyes, and mucous membranes and non-intact skin are exposed to human blood and/or body fluids.

c. Occupational infection with Bloodborne Pathogens cannot be detected by visual inspection. Consequently, all human blood and human body fluids must always be treated as containing Bloodborne Pathogens.

5. Responsibilities.

a. The Area II Safety Manager, in coordination with Unit Safety Managers/ Bloodborne Pathogens Managers will:

(1) Provide oversight for the overall implementation of the safety program.

(2) Advise the Commander immediately when corrective action is needed to ensure an effective program.

(3) Ensure this policy is reviewed and updated when necessary.

b. Area II Directors will:

(1) Notify the Area II Safety Manager of all personnel that are Cardio Pulmonary Resuscitation (CPR) Certified, Combat lifesavers and Emergency Medical Technicians (EMT) trained and qualified for enrollment into Bloodborne Pathogen Program.

(2) Ensure all exposure incidents within Area II are evaluated and appropriate follow-up action is provided.

(3) Ensure that all first responders receive Hepatitis B Virus (HBV) inoculations.

c. Personnel will report all suspected exposures, both occupational and non-occupational (e.g., incidental and " Good Samaritan"), to Bloodborne Pathogens or other potentially infectious material (i.e., exposure incidents) to their supervisor.

(1) Familiarize them with the requirement of this policy.

(2) Comply with all the requirements of this policy.

6. Exposure Determination. In making the decisions concerning what tasks involve occupational exposure to Bloodborne Pathogens, the following materials encountered in the work place are not considered to release blood or other potentially infectious material in a liquid or semi-liquid state if compressed or infectious waste.

a. Used personal hygiene products, i.e., tampons, sanitary napkins, diapers, and facial tissues; and

b. Absorbent materials (e.g., Band-Aids, bandages) containing small amounts of blood or body fluids and no free-flowing or unabsorbed liquid.

7. Methods of Control.

a. Universal Precautions:

(1) Will always be observed where there is a potential for contact with human blood or other potentially infectious materials and are the primary means to prevent exposure.

(2) Are the procedural control of exposure to Bloodborne Pathogens by treating all human blood and body fluids as if infectious.

(3) Include the use of proper PPE to prevent exposure to BBP's.

b. Work Practice Controls.

(1) These methods will be the secondary means to eliminate or minimize personnel exposure to Bloodborne Pathogens.

(2) Work practice controls alter the manner in which a task is performed. They include proper handling of used bandages and other emergency items that have contacted human blood or other potentially infectious materials as well as performing procedures in a manner that will prevent or minimize the spattering, splashing, spraying, or generation of droplets of blood or other body fluids.

(3) The following work practices will be employed and enforced, **when appropriate:**

(a) Eating, drinking, smoking, applying lip balm or cosmetics, handling contact lenses, and similar practices will be prohibited in all areas where occupational exposure to Bloodborne Pathogens can be anticipated.

(b) Handwashing facilities shall be provided when feasible. When not feasible, because of the location or event, antiseptic hand cleanser and clean paper or cloth towels or antiseptic towelettes, as a minimum, will be provided. Employees will wash their hands and any other exposed skin using soap and running water as soon as feasible. Mucous membranes that have been exposed will also be flushed with copious amounts of water.

(c) Any equipment or surfaces that may have been contaminated with human blood or other potentially infectious materials will be decontaminated following practices and using materials approved for the purpose.

(d) No waste container, especially plastic bags, will be compressed by hand. This reduces the potential for inadvertent exposure due to sharp objects concealed in such containers.

c. Personal Protective Equipment (PPE).

(1) PPE is a Universal Precaution used to eliminate or minimize personnel exposure to Bloodborne Pathogens.

(2) PPE prevents human blood or other potentially infectious material from reaching or passing through work or street clothes, undergarments, skin, eyes, mouth, and mucous membranes under normal conditions. PPE consists of disposable pocket mouth-to-mouth resuscitation devices, gloves, eye protection, and face shields, masks and similar items.

(3) PPE, appropriate to the hazard, will be used to reduce exposure to Bloodborne Pathogens.

(4) PPE will be issued, used, and maintained as follows:

(a) Don disposable gloves prior to performing any and all emergency aid.

(b) PPE that has been penetrated by blood or other potentially infectious material, or that has been punctured or damaged in any manner, will be removed from use immediately or as soon as feasible and will be disposed of properly. (Ensure proper exposure follow-up evaluation.)

(c) Contaminated PPE will be placed in containers/sturdy plastic bags, before being removed from any work area, and immediately turned over to medical personnel for disposal. Reusable and disposable PPE will be containerized separately.

(d) Reusable PPE will be cleaned after each use and will be stored under sanitary conditions.

8. Housekeeping. Consult the Occupational Health Clinic/Nurse for any Blood or Body Fluid spill.

9. BIOHAZARD Waste Disposal. All biohazard wastes will be turned over to the 121st General Hospital for disposal.

10. Exposure Incidents.

a. If an employee is involved in or is a witness to an exposure incident (i.e., specific eye, mouth, mucous membrane, non-intact skin or parental contact with blood or other potentially infectious materials) he/she will take immediate action to clean the area of exposure then report the incident to his/her supervisor. *All* exposure incidents will be reported regardless of whether they are occupational or non-occupational (i.e., incidental or "Good Samaritan"). Due to their confidential nature, these incidents will be recorded in the Medical Records of the employee which is protected by the Privacy Act.

b. Supervisors will immediately notify the Area II Safety Office.

c. The Area II Safety Office will take the following actions:

(1) Provide notification of the exposure incident to the Emergency Room at 121st General Hospital.

(2) Investigate the incident.

(3) When the investigation is complete, report the specific circumstances of the incident, including route(s) of exposure, to the Emergency Room at 121st General Hospital. The written report will contain a description of the employee's job duties as they relate to the exposure incident.

(4) The Emergency Room will provide appropriate medical evaluation and follow-up.

11. Training. All employees with potential for occupational exposure to Bloodborne Pathogens, and their supervisors, will receive training sufficient to ensure they are knowledgeable of the requirements contained in this policy. The hazards Bloodborne Pathogens pose to workers, of the control measures used to reduce or eliminate the hazards, and of command policy will be covered.

12. Cardiopulmonary Resuscitation (CPR): The proper use of protective barriers to perform CPR (i.e., mouth-to-mask ventilation) will be included as an element of all CPR training conducted. Mouth-to-mask training does not replace, but is an addition to, the required mouth-to-mouth training.

13. The proponent or this policy is Area II Support Activity Safety Office.

14. POC for this policy is Mr. Jeffrey Hyska, Area II Safety Manager at 738-4643/7207.

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Commanding

DISTRIBUTION:
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Enclosure 1 (Terms and Definitions)

Human blood, human blood components, and products from human blood.

Bloodborne Pathogens - Pathogenic microorganisms that are present in human blood and can cause disease in humans, including but not limited to, Hepatitis B virus (HBV) and human immunodeficiency virus (HIV), Hepatitis C virus (HVC).

Contaminated - The presence or the reasonably anticipated presence of blood or other potentially infectious materials.

Decontamination - The use of physical or chemical means to remove, inactivate, or destroy Bloodborne Pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Direct Health Care Provider - Personnel, either military or civil service, who provide direct patient care that involves occupational exposure to Bloodborne Pathogens or other potentially infectious materials, e.g., physicians, nurse anesthetists, nurse practitioners, nurses, physicians assistants, dentists, podiatrists, hospital corpsmen (all NECs including medical/dental repair technicians), phlebotomists, dental technicians, dental laboratory technicians, dental hygienists, and personnel assigned regular duty as stretcher bearers.

Engineering Controls - Controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the Bloodborne Pathogens hazard from the workplace.

Exposure Determination -Means REASONABLY ANTICIPATED skin, eye, mucous membrane, or paternal contact with blood or other potentially infectious materials that may result from the performance of his or her duties. Job classifications and associated tasks/procedures are as follows:

JOB CLASSIFICATIONS	**ASSOCIATED TASKS/PROCEDURES**
Emergency Medical Technicians/ Combat Lifesaver/CPR	- Administering emergency first aid. - Assisting in evacuation of injured personnel.

Exposure Incident - A specific eye, mouth, other mucous membrane, non-intact skin, or parental contact with blood or other potentially infectious materials that results from the performance of an employee's or a military member's duties.

"Good Samaritan" Exposure - Exposure occurring as the result of an individual's decision to render aid to another.

Enclosure 1 (Terms and Definitions)

Handwashing Facilities - A facility providing an adequate supply of running potable water, soap, and single use towels or hot air drying machines.

HBV - Hepatitis B virus

HIV - Human immunodeficiency virus

HCV – Hepatitis C virus

Occupational Exposure - Reasonably anticipated skin, eye, mucous membrane, or parental contact with blood or other potentially infectious materials that may result from the performance of an employee's or a military member's duties.

Other Potentially Infectious Materials

The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleura fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any excretion/secretion of body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Any unfixed tissue or organ (other than intact skin) from a human (living or dead).

HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parental - Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions

Pre-Hospital Health Care Setting - A setting where delivery of emergency health care takes place prior to arrival at a hospital or other health care facility.

Regulated Waste - Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials. Regulated waste does not include the following non-infectious waste materials:

Used personal hygiene products, i.e., tampons, sanitary napkins, diapers, and facial tissues; and Absorbent materials (e.g., Band-Aids, bandages) containing small amounts of blood or body fluids and no free-flowing or unabsorbed liquid.

Sharps - Any object that can penetrate the skin including, but not limited to, needles, scalpels, razor blades, knives, combs, broken glass, broken capillary tubes, and exposed ends of dental wires

Source Individual - Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee, e.g., medical or dental patients, trauma victims, persons undergoing drug or alcohol treatment, blood donors.

Universal Precautions - An approach to infection control that treats all human blood and other potentially infectious materials as if known to be infectious for HCV, HIV, HBV, and other Bloodborne pathogens (Primarily the proper use of PPE).

Work Practice Controls - Controls that reduce the potential for exposure by changing the way a task is performed (e.g., prohibiting the use of hand.

Enclosure 2 (Procedures for Evaluation and follow-up of Exposure Incidents)

1. Reporting. Personnel who experience or witness an exposure incident will immediately report the exposure incident to their supervisor.

2. Evaluation and follow-ups.

a. Confidentiality. The evaluation and follow-up of an exposure incident will be conducted in private and only by Emergency Department personnel and all information obtained will be held in the strictest confidence.

b. The following information shall be provided to the evaluating healthcare provider conducting this evaluation and follow-up:

(1) A copy of reference a.

(2) A description of the exposed employee's duties as they relate to the exposure incident.

(3) Documentation of the route(s) of exposure.

(4) Documentation of the circumstances under which the exposure incident occurred.

(5) Information and documentation not prohibited by law or unable to be obtained for other reasons, on the source individual. An attempt will be made to obtain a blood sample from the source individual, within legal parameters, and to have that sample tested for Bloodborne Pathogens.

c. Content. Immediately after an exposure incident is reported the exposed employee will be offered a confidential medical evaluation and follow-up including the following elements:

(1) Offer of post-exposure prophylaxis, when medically indicated (If source is KNOWN HIV + or High Risk for HIV, this prophylaxis **MUST** be received by the exposed individual within 2 hours of exposure.)

(2) Baseline and periodic testing of the exposed individual's blood:

Active Duty – Mandatory
Civilian - if they consent

(3) Counseling will be performed by Occupational Health.

d. Healthcare Provider's Written Disposition. Within 15 days of the exposure, the employee will have received a written return-to-duty disposition. A copy will also be placed in the employee's Health Record. The disposition will include all required timeframes for continued follow-up.

e. Medical Resources. The cognizant medical department representative provides all medical support for Bloodborne Pathogen requirements, including medical examinations, evaluations, consultations, immunizations, and medical record retention.

Enclosure 3 (Requirements to Prevent or Minimize the Risk of Exposure to Bloodborne Pathogens during Cardiopulmonary Resuscitation (CPR) and CPR Training)

1. CPR Training. To prevent or minimize the risk of transmission of Bloodborne Pathogens during CPR training. The requirements below, essentially quoted from the "Recommendations for Decontaminating Mannequins Used in Cardiopulmonary Resuscitation Training", published by the Centers for Disease Control, will be followed:

a. The manufacturer's recommendations and provisions for sanitary practices for the training mannequin will be followed.

b. Students will be told in advance that the training sessions will involve close physical contact with fellow students.

c. Students or instructors will not actively participate in training sessions (hands-on training with mannequins) if they have dermatologic lesions on hands or in oral or circumoral areas (around the mouth), if they are known to be seropositive for Hepatitis B surface antigen (HBsAg), if they have upper-respiratory-tract infections, if they have AIDS, or if the student or instructor has reason to believe that he or she has been exposed to or is in the active stage of any infectious process.

d. If more than one CPR mannequin is used in a particular training class, students will be assigned in pairs, whenever possible, with each pair having contact with only one mannequin. This would lessen the possible contamination of several mannequins by one individual and, therefore, limit possible exposure of other class members.

e. All persons responsible for CPR training will be thoroughly familiar with hygienic concepts (e.g., thorough handwashing prior to mannequin contact, not eating during class to avoid contaminating mannequins with food particles, etc.) as well as the procedures for cleaning and maintaining mannequins and accessories (e.g., face shields). Mannequins will be inspected routinely for signs of physical deterioration, such as cracks or tears in plastic surfaces, which make thorough cleaning difficult or impossible. The clothes and hair of mannequins will be washed monthly or whenever visibly soiled.

f. During the training of two-rescuer CPR, there is no opportunity to disinfect the mannequin between students when the "switching procedure" is practiced. In order to limit the potential for disease transmission during this exercise, the second student taking over ventilation on the mannequin will simulate ventilation instead of blowing into the mannequin. This requirement is consistent with the current training recommendations of the American Red Cross and the American Heart Association.

g. Training in the "obstructed airway procedure" involves the student using his or her finger to sweep foreign matter out of the mannequin's mouth. This action could contaminate the

student's finger with exhaled moisture and saliva from previous students in the same class and/or contaminate the mannequin with material from the student's finger. When practicing this procedure, the finger sweep should either be simulated or done on a mannequin whose airway was decontaminated before the procedure and will be decontaminated after the procedure.

h. At the end of each class, the procedures listed below will be performed as soon as possible to avoid drying of contamination on mannequin surfaces. Personnel conducting the mannequin disassembly and decontamination will wear protective latex gloves during these procedures and wash their hands after finishing.

(1) Disassemble the mannequin as directed by the manufacturer.

(2) Thoroughly wash all external and internal surfaces (also reusable protective face shields) with warm soapy water and brushes.

(3) Rinse all surfaces with fresh water.

(4) Cleaning will be accomplished with a solution of: 1 ½ cup of Bleach with 1 gallon of water - This solution will **ONLY** maintain its effectiveness for **24 HOURS**. Once decontaminating is completed, unused cleaning solution will be discarded by pouring down the drain of any sink.

(5) Rinse with fresh water and immediately dry all external and internal surfaces; rinsing with alcohol will aid drying of internal surfaces, and this drying will prevent the survival and growth of bacterial or fungal pathogens if the manikins are stored for periods longer than the day of cleaning.

i. Each time a different student uses the mannequin in a training class, the individual protective face shield, if used, will be changed. Between students or after the instructor demonstrates a procedure such as clearing any obstruction from the airway, the mannequin face and inside the mouth will be wiped vigorously with clean absorbent material (e.g., 1" by 1" gauze pad), wet with either the hypochlorite solution described in subparagraph h(4) above or with 70 percent alcohol (isopropanol or ethanol). The surfaces should remain wet for at least 30 seconds before they are wiped dry with a second piece of clean absorbent material.

Note: Although highly bactericidal, alcohol's are not considered to be broad-spectrum agents, and use of alcohol here is recommended primarily as an aid in mechanical cleaning; also, in a short contact period alcohol's may not be effective against bacteria or other pathogens.

Nonetheless, in the context of vigorous cleaning with alcohol and absorbent materials, little viable microbial contamination of any kind is likely after the cleaning procedure.

j. People responsible for the use and maintenance of CPR mannequins will not rely totally on the mere presence of a disinfectant to protect them and their students from cross-infection during training programs. Emphasis will be placed on the necessity of thorough physical cleaning (scrubbing and wiping) as the first step in an effective decontamination protocol. Microbial contamination is easily removed from smooth, nonporous surfaces by using disposable cleaning cloths moistened with a detergent solution, and there is no evidence that a soaking procedure alone in any liquid is as effective as the same procedure accompanied by vigorous scrubbing.

2. Performance of CPR. To prevent or minimize the risk of transmitting Bloodborne pathogens during CPR, the requirements below will be followed:

a. Use disposable plastic facemasks with one-way valves or resuscitation bags when performing CPR.

NOTE: Clear plastic face masks with one-way valves provide diversion of the victim's exhaled gas away from the rescuer and may be used by personnel properly trained in their use during two-person rescue, in place of mouth-to-mouth ventilation. If this type of device is used to provide reassurance to the rescuer that the potential risk of exposure to Bloodborne Pathogens will be minimized, the rescuer must be adequately trained in its use, especially with respect to making an adequate seal on the face and maintaining a patient airway. Such a device requires two hands to secure a proper face seal and to maintain an open airway.

b. Wear gloves when performing CPR.

c. Resuscitation equipment and devices known or suspected to be contaminated with blood or other potentially infectious materials will be either used once or discarded or thoroughly cleaned and disinfected after each use.